## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
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or <u>Fax</u> (571)-273-2885

| appropriate All further i                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | correspondence includired below or directed other                                                                       | ng the Patent advance o                                                                                                                                                                                                                                                                                                                                                                           | UF FEE and PUBLICATION of moders and notification of modern a) specifying a new corresponding to the corresponding | naintenance fees w                                                                                                                                                                                                                                                                                                                                      | ill be mailed                                                                   | to the current                                                                     | correspondence address as                                                                                                             |
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| CURRENT CORRESPONDE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Fee(s                                                                                                                   | ote: A certificate of mailing can only be used for domestic mailings of the ee(s) Transmittal. This certificate cannot be used for any other accompanying apers. Each additional paper, such as an assignment or formal drawing, must ave its own certificate of mailing or transmission.                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                         |                                                                                 |                                                                                    |                                                                                                                                       |
| FOLEY AND LARDNER LLP SUITE 500 3000 K STREET NW                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |                                                                                 |                                                                                    |                                                                                                                                       |
| WASHINGTON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | , DC 20007                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                         |                                                                                 |                                                                                    | (Depositor's name)                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                         |                                                                                 |                                                                                    | (Signature)                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                         |                                                                                 |                                                                                    | (Date)                                                                                                                                |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | FILING DATE                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                   | FIRST NAMED INVENTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ATTORNEY DOCKET NO.                                                                                                                                                                                                                                                                                                                                     |                                                                                 | CONFIRMATION NO.                                                                   |                                                                                                                                       |
| 10/685,782<br>TITLE OF INVENTION<br>MEMBERS USING SAN                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         | RESIN COMPOSITION,                                                                                                                                                                                                                                                                                                                                                                                | Tomohito Ota<br>RESINOUS MATERIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | INCLUDING SA                                                                                                                                                                                                                                                                                                                                            | 02397:<br>ME COMPOS                                                             |                                                                                    | 7012<br>SLIDING                                                                                                                       |
| APPLN. TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SMALL ENTITY                                                                                                            | ISSUE FEE DUE                                                                                                                                                                                                                                                                                                                                                                                     | PUBLICATION FEE DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PREV. PAID ISSUE                                                                                                                                                                                                                                                                                                                                        | E FEE TOT                                                                       | AL FEE(S) DUE                                                                      | DATE DUE                                                                                                                              |
| nonprovisional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NO                                                                                                                      | \$1510                                                                                                                                                                                                                                                                                                                                                                                            | \$300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$0                                                                                                                                                                                                                                                                                                                                                     | •                                                                               | \$1810                                                                             | 08/05/2009                                                                                                                            |
| EXAMINER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                         | ART UNIT                                                                                                                                                                                                                                                                                                                                                                                          | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                         |                                                                                 |                                                                                    |                                                                                                                                       |
| GOLOBOY, JAMES C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                         | 1797                                                                                                                                                                                                                                                                                                                                                                                              | 508-100000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                         |                                                                                 |                                                                                    |                                                                                                                                       |
| <ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> <li>ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON PLEASE NOTE: Unless an assignce is identified below, no assignce</li> </ol> |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                   | data will appear on the patent. If an assignee is identified below, the document has been filed for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                         |                                                                                 |                                                                                    |                                                                                                                                       |
| recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)                                                                                                                                                                                                                                                                                                                   |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                         |                                                                                 |                                                                                    |                                                                                                                                       |
| NISSAN 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MOTOR CO.,                                                                                                              | Yokohama-shi, JAPAN                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                         |                                                                                 |                                                                                    |                                                                                                                                       |
| Please check the appropri                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ate assignee category or                                                                                                | categories (will not be p                                                                                                                                                                                                                                                                                                                                                                         | rinted on the patent):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Individual 🚨 Co                                                                                                                                                                                                                                                                                                                                         | rporation or o                                                                  | ther private gro                                                                   | up entity Government                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | o small entity discount p                                                                                               | <ul> <li>b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0741 (enclose an extra copy of this form).</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                         |                                                                                 |                                                                                    |                                                                                                                                       |
| **                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | S SMALL ENTITY state                                                                                                    | ıs, See 37 CFR 1.27.                                                                                                                                                                                                                                                                                                                                                                              | ☐ b. Applicant is no long                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                         |                                                                                 |                                                                                    |                                                                                                                                       |
| NOTE: The Issue Fee and interest as shown by the r                                                                                                                                                                                                                                                                                                                                                                                                                                                 | d Publication Fee (if requeecords of the United Sta                                                                     | uired) will not be accepte<br>tes Patent and Trademarl                                                                                                                                                                                                                                                                                                                                            | ed from anyone other than the Office.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | e applicant; a regi                                                                                                                                                                                                                                                                                                                                     | stered attorney                                                                 | or agent; or th                                                                    | e assignee or other party in                                                                                                          |
| Authorized Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | からか                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date <u>Ju</u>                                                                                                                                                                                                                                                                                                                                          | ly 31,                                                                          | 2009                                                                               |                                                                                                                                       |
| Typed or printed name                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Registration N                                                                                                                                                                                                                                                                                                                                          |                                                                                 |                                                                                    |                                                                                                                                       |
| This collection of informa<br>an application. Confident<br>submitting the completed<br>this form and/or suggesti<br>Box 1450, Alexandria, V                                                                                                                                                                                                                                                                                                                                                        | ation is required by 37 Ciality is governed by 35 application form to the ons for reducing this building 22313-1450. DO | FR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the NOT SEND FEES OR                                                                                                                                                                                                                                                                                | on is required to obtain or re<br>1.14. This collection is esti<br>depending upon the indivi<br>the Chief Information Officer<br>COMPLETED FORMS TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | etain a benefit by the<br>mated to take 12 m<br>dual case. Any co<br>r, U.S. Patent and '<br>THIS ADDRESS                                                                                                                                                                                                                                               | ne public which<br>minutes to con<br>mments on th<br>Trademark Of<br>SEND TO: 0 | ch is to file (and applete, including amount of tin fice, U.S. Depa Commissioner f | by the USPTO to process) g gathering, preparing, and ne you require to complete attment of Commerce, P.O. for Patents, P.O. Box 1450, |

Alexandria, Virginia 22313-1450.

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